POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		1	-/1/
O.I.P.E. CLASSIFIER	42	45	12/19
FORMALITY REVIEW	7000	,	1
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	ı	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

-	Restricted 0	
Claim Date	Claim Date	Claim Date
Claim Date	Original Original	Final
	51	101
2/11/11	52	102
3 1 1 1 1 1 1 1 1 1	53	103
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	54	104
5	55	105
6	56	106
7	57	107
(3) N N	58	108
9	59	109
10	- 61	110
	} 	
13	62 63	112
14 - 10 W	64	113
15	65	115
16	66	116
17	67	117
18	68	118
19	69	119
20	70	120
21	71	121
22	72	122
23	73	123
24	74	124
25	75	125
26	76	126
27	77	127
28	78	128
, 29	79	129
30	80	130
31	81	131
32 33	82 83	133
33	84	134
35	85	135
36	86	136
37	87	137
38	88	138
39	89	139
40	90	140
41	91	141
42	92	142
43	93	143
44	94	144
45	95	145
46	96	146
47	97	147
48	98	148
49	99	149
50	100	150

If more than 150 claims or 10 actions staple additional sheet here